

NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

LNB Ste 450, 619 19th ST. S., Birmingham, AL 35249-6510

STATE OF ALABAMA SHELBY COUNTY

Notice is hereby given, as	provided by the la	ws of the State of Alabama th	at UNIVERSITY C)F ALABAMA
HOSPITAL whose address	s is, LNB 450, 619	19 th ST. S., Birmingham, AL 3	5249-6510, which	operates a hospital
of the same name at the sa	me address, claim	s a lien for the reasonable cha	rges of hospital ca	re, treatment and
maintenance received by:	Greg Harpe	<u>r</u> of 223 S	tonecrest Dr, B'H	am, Al 35242
against all causes of action	ı, suits, claims, coı	unter claims and demands acc	ruing to the said	Greg Harper
or his legal representative,	and against all jud	dgments, settlements and settle	ement agreements	entered into by
virtue thereof and on acco	unt of such injurie	s giving rise to such causes of	action, suits, clair	ns, counter claims,
demands, judgments, settle	ements or settleme	ent agreements and which nece	essitated such hosp	oital care.
064211848.5305				
Amount Claimed:	\$16,780.02	Date of Admission:	11/01/2005	
Date of Injury:	11/01/2005	Date of Discharge:	11/01/2005	
representative of such personal claimant's knowledge, as	son, to be liable for	ns or corporations claimed by a damages arising from such in	•	
Name:		Name:	•	
Address:		Address:		
Name:		Name:		
Address:		Address:		
Before me, Note / Alabama, personally appears say that he is the authorize	y: Authorized Repart of lien, and the efore me this	oresentative, UAB/PFS Notary Public in and for the	Birmingham, County of Jeffersone first duly sworn as personal knowledget.	Alabama 35249-6510 on, State of a doth depose and
	Not	ary Public	GE	

NOTARY PUBLIC STATE OF ALABAMA AT LARGE MY COMMISSION EXPIRES: Jan 22, 2008 BONDED THRU NOTARY PUBLIC UNDERWRITERS